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FOR SE OF FORM 24/48			

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

LUKE MCALPIN

Signature

[Electronically Filed]

Date 01 / 22 / 2016

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CITIZEN SUPER PAC		FEC IDENTIFICATION NUMBER ▼ C C00569517
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee Sandler Innocenzi Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 22 / 2016
Mailing Address 705 Prince St		Amount 32942.00
City Alexandria	State VA	Zip Code 22314
Purpose of Expenditure Digital Media Buy	Category/Type	Transaction ID : SE.4390 Date of Disbursement or Obligation MM / DD / YYYY 01 / 22 / 2016
Name of Federal Candidate RICHARD C SHELBY	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AL
Calendar Year-To-Date Per Election for Office Sought 309056.56		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	32942.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	309056.56

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LUKE MCALPIN

[Electronically Filed]

Date

MM / DD / YYYY
01 / 22 / 2016

Signature